

Global Appraisal of Individual Needs - Quick (GAIN-Q)

Version [GVER]: PILOT - 3.0.2

* Site ID [XSITE]:..... [][][][][][]	Local Site ID [XSITEa]:..... [][][][][][]
* Staff ID [XSID]:..... [][][][][][]	* Staff Initials [XSIN]:..... [][][]
* Part. ID [XPID]:..... [][][][][][]	Last Name [XPNAM]:
	First Name: _____ M.I.: _____
* Observation [XOBS]:..... [][]	v. _____
Edit Staff ID [XEDSID]:..... [][][][][][]	Edit Date [XEDDT]:..... [][] / [][] / 20 [][]
Data Entry Staff ID [XDESID]:..... [][][][][][]	Key Date [XDEDT]:..... [][] / [][] / 20 [][]

* Required field

Document
on your
own

For Staff Use Only	
A1. Administrative Information (not military time)	
* A1a. Time: [][] : [][] HH:MM.....	* A1b. [][] (AM/PM)
* A1c. Today's Date [XOBSDT]: [][] / [][] / 20 [][] (MM/DD/YYYY)	

↓ Read to participant Introduction

Purpose: The purpose of this assessment is to provide a summary of how things have been going in your life. The information collected will be used only to identify and address problems that you may want assistance with and to help us evaluate our own services.

Format: This assessment has questions about what has been going on in your life across a wide range of areas, including your physical and mental health, stress and risk behaviors, and life satisfaction. You will be able to say you do not know or refuse to answer any question that you do NOT want to answer.

Length: Depending on how much has been going on in your life, it will take about 20-45 minutes to complete. You will be able to take a break if you need to.

Privacy and Confidentiality: Your answers are private. All research and clinical staff with access to your answers understand this restriction and have agreed to resist sharing your specific answers without your prior written consent. This includes giving information to family members, other individuals, other treatment agencies, social work agencies, criminal justice agencies and other agencies.

Your confidentiality is also protected under the Privacy Act of 1974, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. (READ IF APPLICABLE): We have also obtained a certificate of confidentiality to prevent us from being forced to give any information to the court.

Remember
to
read

There are, however, two exceptions. First, we are mandated to report child abuse or if you are presently a danger to yourself or others. Second, officials from the federal government have the right to audit us to check to make sure we have protected your safety and accurately reported what we have done.

Any questions? - Remember to ask

A3. Timeframe Anchoring

Several questions will ask you about things that have happened during the **past 90 days**. To help you remember this time period, please look at the calendar. First, let's find today's date and circle it.

Next, count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about (DATE 90 DAYS AGO)? *← Insert actual date 90-days ago*

(PROBE FOR SPECIFIC EVENT. IF UNABLE TO RECALL: Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a1. Record anchor for 90 days: v. _____

Important!
Read to participant [When we talk about things happening to you during the past 90 days, we are talking about things that have happened since about (NAME 90-DAY ANCHOR).]

Very Important
Read to participant { **Additional Administration Instructions**

Please keep this calendar handy and use it as we go through the interview to help you remember when different things happened.

As we go through the questionnaire, I will read the questions and record your answers. It is important that you try to answer each question if you can and are willing to. You may not always know the exact answer, but I would like you to give me your best guess if you can. You can also tell me if you simply do not know or if you do not want to or refuse to answer any questions. I also have some cards here that we will use to help answer some of the questions.

Do you have any questions before we begin?

* USE "DK" For "DON'T KNOW"

* USE "RF" For "REFUSE TO ANSWER"

GAIN-Q

In this first section, I am going to ask you some very basic questions about yourself.

A4a. In a few words, can you tell me why you are here today? (What is your main reason for coming to treatment?) (Do not ask "Any others")

v1. _____

(Clarify and code)

- Drug availability (difficulties obtaining drugs or "good" drugs)..... 1
- Financial (can't afford to stay on drugs, lost an income source) 2
- General personal motive ("habit out of control," "tired," "want to change," "improve lifestyle," "save self") 3
- Health reasons (too ill to continue; drugs or related diseases are hurting or threatening own health, unborn baby, to live) 4
- Pressure from family (parent, spouse, partner)..... 5
- Parenting issues (get or keep custody or become better parent)..... 6
- Pressure from criminal justice system (court mandate, probation officer, parole officer, attorney, etc.)..... 7
- Pressure from Department of Child and Family Services (DCFS) 8
- Pressure from school teacher, minister, coach, etc..... 9
- Desire for services (want housing or other benefit) 10
- School or job (to get, keep or improve situation) 11
- Other (Please describe in A4a) 99

** Remember:
 Clarity (if necessary)
 prior to coding*

A4b. What is the name of the person who referred you to come here?

v. _____

A4c. What is this person's relationship to you?

v. _____

B1. What is your gender?

- Male 1
- Female 2
- Transgender (Male to Female) 4
- Transgender (Female to Male) 5
- Other (Please describe)..... 99

v. _____

B2. What is your date of birth? / /
 Month Day Year

B2a. How old are you today? IF 18 OR OVER, GO TO B3a
 Age

B2b. Who currently has legal custody of you? (Would you say...)

v. _____

(Clarify and code)

- Parents living together 1
- Parents who are separated but share custody 2
- One parent (even if living with stepparent) 3
- Other family members 4
- Legally emancipated minor living on your own 5
- Runaway/on own (without legal emancipation) 6
- County/State (foster home or protective services) 7
- Juvenile or correctional institution 8
- Other (Please describe in B2bv) 99

Clarify if
parent(s)
live together
and/or share
custody

B3a. Which races, ethnicities, nationalities or tribes best describe you? (Any others?)
(Please record and select all that apply)

v1. _____

Please select at least one race.

MENTIONED

- | | Yes | No |
|--|-----|----|
| 1. Alaskan Native (Please record tribe in B3av1)..... | 1 | 0 |
| 2. Asian..... | 1 | 0 |
| 3. African American/Black..... | 1 | 0 |
| 4. Caucasian/White..... | 1 | 0 |
| 5. Hispanic, Latino or Chicano..... | 1 | 0 |
| a. Puerto Rican..... | 1 | 0 |
| b. Mexican..... | 1 | 0 |
| c. Cuban..... | 1 | 0 |
| e. Dominican..... | 1 | 0 |
| f. Other Central American..... | 1 | 0 |
| g. Other South American..... | 1 | 0 |
| z. Other (Please describe in B3av1)..... | 1 | 0 |
| 6. Native American (Please record tribe in B3av1)..... | 1 | 0 |
| 7. Native Hawaiian..... | 1 | 0 |
| 8. Pacific Islander..... | 1 | 0 |
| 99. Some other group (Please describe in B3av1)..... | 1 | 0 |

* Remember
to code 0/No
for all
unmentioned
responses

GAIN-Q

V1. What is the last grade or year that you completed in school?

(NOTE: Use 12 for high school, 16 for a BA/BS, and 17 for graduate school or more than 4 years of college)

Grade

V2. What kinds of diplomas, degrees, work-related certificates or licenses have you received? (Any others?)

MENTIONED

	Yes	No
1. High school diploma.....	1	0
2. Passed GED (general equivalency diploma)	1	0
3. Adult Basic Education (ABE) certificate	1	0
4. Junior college or associate's degree	1	0
5. Bachelor's degree	1	0
6. Advanced college degree (master's or doctorate)	1	0
7. Vocational or trade certificate	1	0
8. Trade license apprenticeship	1	0
9. Commercial driver's license	1	0
99. Other degrees or licenses (Please describe)	1	0

Code D/No
for all
unmentioned
response
choices

v. _____

SP. School Problems

The next questions are about being in any kind of school or training program. After you hear each question, please tell me the **last** time, if ever, this was true for you by using **Card Q** and responding "in the past month," "2 to 3 months ago," "4 to 12 months ago," "1 or more years ago," or "never."

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

SPScr SP1.

When was the **last** time you...

- a. came in late or left early from school or training? 4 3 2 1 0
- b. skipped or cut school or training just because you didn't want to be there? .. 4 3 2 1 0
- c. got bad grades or had your grades drop at school or training? 4 3 2 1 0
- d. got sick at school or training? 4 3 2 1 0
- e. went to any kind of school or training? 4 3 2 1 0

[IF SP1e LESS THAN 3, GO TO SP2a]

Please answer the next questions using the number of days.

QCS

SP1e.

During the past 90 days, how many days...

1. were you absent from school or training for a full day? Days
2. did you go to any kind of school or training? Days

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School Reasons Items Eligibility	Yes	No
SP2a. Do any of the responses to items SP1a-d = 4 or 3 (grey area above)?.....	1	0
SP2b. In item SP1e1, was the individual absent 3 or more days in the past 90? ..	1	0
SP2c. Do you want to administer the school reasons items? (Default = 1 if any SP2a-b = 1, else 0)	1	0

If the client reports problems in the past 3 months for items SP1a-d and/or reports 3 or more days of school absence for item SP1e1, consider asking the "School Reasons" items on the next page. If the client does not meet these criteria but you would still like to ask the "School Reasons" items please feel free to do so.

[IF SP2c = 0, GO TO WP1a]

School Reasons

Next are some reasons that people give for wanting to **stop or reduce problems** at school or training, problems that prevent them from being successful. Please tell me which of these you think are good reasons to stop or reduce these problems using yes or no. If something does not apply, please answer no.

- SP3. You want to stop or reduce problems at school or training so that...
- | | Yes | No |
|--|-----|----|
| a. you will do better in school or training. | 1 | 0 |
| b. you will get better grades..... | 1 | 0 |
| c. you won't get into trouble..... | 1 | 0 |
| d. you won't get expelled..... | 1 | 0 |
| e. other people will stop bothering you about your school or training problems. | 1 | 0 |

- SP4. What is your main or most important reason for wanting to stop or reduce problems at school or training? (Do not ask "Any others")

v. _____

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

- SP5. How ready are you **right now** to stop or reduce problems at school or training?

0%-----20%-----40%-----60%-----80%-----100%

not ready
to stop or
reduce
problems

ready to
stop or
reduce
problems

** Note: Participant can report any whole percentage from 0% to 100%.*

WP. Work Problems

The next questions are about working at a job. For these items, a job includes a full or part-time job that you are paid for doing.

Using Card Q...

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

WPScr WP1. When was the **last** time you...

- | | | | | | |
|--|---|---|---|---|---|
| a. came in late or left early from work? | 4 | 3 | 2 | 1 | 0 |
| b. skipped or cut work just because you didn't want to be there? | 4 | 3 | 2 | 1 | 0 |
| c. did badly at work or did worse at work? | 4 | 3 | 2 | 1 | 0 |
| d. got sick at work? | 4 | 3 | 2 | 1 | 0 |
| e. went to work? | 4 | 3 | 2 | 1 | 0 |

[IF WP1e LESS THAN 3, GO TO WP2a]

Please answer the next questions using the number of days.

QCS WP1e. **During the past 90 days, how many days...**

Anchor

- were you absent from work for a full day?
Days
- did you work for money at a job or in a business?
Days

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Work Reasons Items Eligibility	Yes	No
WP2a. Do any of the responses to items WP1a-d = 4 or 3 (grey area above)?	1	0
WP2b. In item WP1e1, was the individual absent 3 or more days in the past 90?	1	0
WP2c. Do you want to administer the work reasons items? (Default = 1 if any WP2a-b = 1, else 0)	1	0

If the client reports problems in the past 3 months for items WP1a-d and/or reports 3 or more days of work absence for item WP1e1, consider asking the "Work Reasons" items on the next page. If the client does not meet these criteria but you would still like to ask the "Work Reasons" items please feel free to do so.

GAIN-Q

[IF WP2c = 0, GO TO PH1a]

Work Reasons

Next are some reasons that people give for wanting to **stop or reduce problems** at work, problems that prevent them from being successful. Please tell me which of these you think are good reasons to stop or reduce these problems using yes or no. If something does not apply, please answer no.

- | WP3. You want to stop or reduce problems at work so that... | Yes | No |
|---|-----|----|
| a. you will get more work done..... | 1 | 0 |
| b. you will get better evaluations..... | 1 | 0 |
| c. you won't get into trouble..... | 1 | 0 |
| d. you won't get fired..... | 1 | 0 |
| e. other people will stop bothering you about your work problems..... | 1 | 0 |

WP4. What is your main or most important reason for wanting to stop or reduce problems at work? (Do not ask "Any others")

v. _____

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

WP5. How ready are you **right now** to stop or reduce problems at work?..... ☐☐☐☐

0%-----20%-----40%-----60%-----80%-----100%

not ready

to stop or

reduce

problems

ready to

stop or

reduce

problems

* Note: Participant can report any whole percentage from 0% to 100%.

PH. Physical Health

The next questions are about your physical health.

Using Card Q...

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

HPScr PH1. When was the last time you...

- | | | | | | |
|---|---|---|---|---|---|
| a. gained 10 or more pounds when you were not trying to? | 4 | 3 | 2 | 1 | 0 |
| b. lost 10 or more pounds when you were not trying to? | 4 | 3 | 2 | 1 | 0 |
| c. were worried about your health or behaviors? | 4 | 3 | 2 | 1 | 0 |
| d. had a lot of physical pain or discomfort ? | 4 | 3 | 2 | 1 | 0 |
| e. had health problems that kept you from meeting your responsibilities at work, school or home? | 4 | 3 | 2 | 1 | 0 |
| f. saw a doctor or nurse about a health problem? | 4 | 3 | 2 | 1 | 0 |

[IF PH1f LESS THAN 3, GO TO PH1f5]

Please answer the next questions using the number of times, nights or days.

QCS PH1f. During the past 90 days, how many...

Anchor

- | | | | |
|---|----------------------|----------------------|--------|
| 1. times have you had to go to the emergency room for a health problem? | <input type="text"/> | <input type="text"/> | Times |
| 2. nights total did you spend in the hospital for a health problem? | <input type="text"/> | <input type="text"/> | Nights |
| 3. times did you see a doctor or nurse in an office or outpatient clinic for a health problem? | <input type="text"/> | <input type="text"/> | Times |
| 4. times did you have an outpatient surgical procedure for a health problem? | <input type="text"/> | <input type="text"/> | Times |
| 5. days did you take prescribed medication for a health problem? | <input type="text"/> | <input type="text"/> | Days |

PPS PH2. During the past 90 days, on how many days...

Anchor

- | | | | | |
|--|----------------------|----------------------|------|---------------------------|
| a. have you been bothered by any health or medical problems? | <input type="text"/> | <input type="text"/> | Days | [IF 0, GO TO PH2c] |
| b. have health problems kept you from meeting your responsibilities at work, school or home? | <input type="text"/> | <input type="text"/> | Days | |
| c. have you smoked or used any kind of tobacco? | <input type="text"/> | <input type="text"/> | Days | |

If the client reports problems in the past 3 months for items PH1a-e and/or reports 3 or more days of physical health problems for one of items PH2a-c, consider asking the "Health Reasons" items on this page. If client does not meet GAIN-Q Criteria, feel free to still ask the "Health Reasons" items.

For Staff Use Only		
Health Reasons Items Eligibility	Yes	No
PH3a. Do any of the responses to items PH1a-e = 4 or 3 (grey area above)?	1	0
PH3b. Did the individual report 3 or more days in the past 90 for any item in PH2a-c?	1	0
PH3c. Do you want to administer the health reasons items? (Default = 1 if any PH3a-b = 1, else 0)	1	0

[IF PH3c = 0, GO TO SS1a]

Health Reasons

Next are some reasons that people give for wanting to **stop or reduce** problems with their health, including the use of tobacco. Please tell me which of these you think are good reasons to stop or reduce these problems using yes or no. If something does not apply, please answer no.

PH4. You want to stop or reduce your health problems because...	Yes	No
a. you will feel better.	1	0
b. you will stop worrying about your health.	1	0
c. you will be able to participate in more activities.	1	0
d. you will get more done.	1	0
e. you won't be in pain.	1	0
f. other people will stop bothering you about your health.	1	0

PH5. What is your main or most important reason for wanting to stop or reduce your health problems? (Do not ask "Any others")

v. _____

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

PH6. How ready are you **right now** to stop or reduce your health problems?.....

0%-----20%-----40%-----60%-----80%-----100%
not ready to stop or reduce problems
ready to stop or reduce problems

* Note: Participant can report any whole percentage from 0% to 100%.

SS. Sources of Stress

The next questions are about stress in your life.

Using Card Q...

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

SSScr SS1. When was the **last** time you were under stress for any of the following reasons?

- a. Death of a family member or close friend. 4 3 2 1 0
- b. Health problem of a family member or close friend. 4 3 2 1 0
- c. Fights with boss, teacher, coworkers or classmates. 4 3 2 1 0
- d. Major change in relationships (marriage, divorce, separations)..... 4 3 2 1 0
- e. Something you saw or that happened to someone close to you. (Please describe)..... 4 3 2 1 0
- v. _____ (← Ask 'any others?' if)
- f. New job, position or school..... 4 3 2 1 0
- g. You didn't have enough money to pay all your bills on time..... 4 3 2 1 0

SS1h. When was the **last** time, if ever, you received any kind of help dealing with your stress?

4 3 2 1 0

Please answer the next questions using the number of days.

[IF SS1h LESS THAN 3, GO TO SS2a]

SS1h1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with your stress?

Days

PPS SS2. **During the past 90 days**, on how many **days** have you...

- a. felt stressed by events or situations in your life?..... Days
- b. had any money problems, including arguing about money or not having enough for food or housing?..... Days

If the client reports problems in the past 3 months for items SS1a-g and/or reports 3 or more days of stress problems for one of items SS2a-b, consider GAIN-Q asking the "Stress Reasons" items on this pg. If client does not meet criteria but you would still like to ask the items, feel free to do so.

For Staff Use Only			
Stress Reasons Items Eligibility		Yes	No
SS3a.	Do any of the responses to items SS1a-g = 4 or 3 (grey area above)?.....	1	0
SS3b.	Did the individual report 3 or more days in the past 90 for any item in SS2a-b?	1	0
SS3c.	Do you want to administer the stress reasons items? (Default = 1 if any SS3a-b = 1, else 0)	1	0

[IF SS3c = 0, GO TO RB1a]

Stress Reasons

Next are some reasons that people give for wanting to **stop or reduce** the stress in their lives. Please tell me which of these you think are good reasons to stop or reduce stress using yes or no. If something does not apply, please answer no.

SS4.	You want to stop or reduce the stress in your life because...	Yes	No
a.	you will feel better or more relaxed.....	1	0
b.	you will learn how to deal with your problems in a healthy way.....	1	0
c.	you won't feel so anxious all the time.	1	0
d.	you won't be so irritable.	1	0
e.	you will sleep better.....	1	0
f.	you will get more done.	1	0

SS5. What is your main or most important reason for wanting to stop or reduce the stress in your life? (Do not ask "Any others")

v. _____

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

SS6. How ready are you **right now** to stop or reduce the stress in your life?

0%-----20%-----40%-----60%-----80%-----100%

not ready
to stop or
reduce
problems

ready to
stop or
reduce
problems

Note: Participant can report any whole percentage from 0% to 100%.

RB. Risk Behaviors

Risk behaviors are actions that make it more likely that something bad will happen to you. The next questions are about behaviors that can put you at risk for getting or spreading HIV and other infectious diseases.

Using Card Q...

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

RBSr RB1. When was the last time you...

- a. had **two or more** different sex partners (not necessarily at the same time)? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
- b. had sex **without** using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
- c. had sex while you or your partner was **high on alcohol or other drugs**? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
- d. used a needle to inject drugs like heroin, cocaine or amphetamines? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
- e. were physically, sexually or emotionally abused by someone (including being attacked with a weapon like a gun, knife, stick or bottle; being hit or beaten to the point where you had bruises, cuts or broken bones; being pressured or forced to participate in sexual acts against your will by a regular sexual partner, family member or friend; someone doing or saying things to make you feel very bad about yourself or your life)? **(IF 0, GO TO RB1f)** ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
- e1. were abused several times or over a long period of time? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
- e2. were afraid for your life or that you might be seriously injured by the abuse? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0
- f. received an intervention to reduce your risk behaviors? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

(IF RB1f LESS THAN 3, GO TO RB2a)

RB1f1. **During the past 90 days, on how many days did you receive any kind of intervention to reduce your risk behaviors?**

Days

Please answer the next questions using the number of times or days. If something does not apply, please answer 0.

PPS RB2. **During the past 90 days, how many...**

- a. **times** have you had unprotected sex (sex **without** using any kind of condom, dental dam or other barrier to protect you and your partner from disease or pregnancy)? Times
- b. **days** have you used a needle to inject any kind of drug or medication? Days
- c. **days** have you been attacked with a weapon, beaten, sexually abused or emotionally abused? Days

If the client reports problems in the past 3 months for items RB1a-e and/or reports 3 or more days of risk behaviors for one of items RB2a-c, consider asking the "Risk Behavior Reasons" items on this page. If the client does not meet these criteria but you would still like to ask the "Risk Behavior Reasons" items, feel free to do so.

For Staff Use Only		
Risk Behaviors Reasons Items Eligibility	Yes	No
RB3a. Do any of the responses to items RB1a-e = 4 or 3 (grey area above)?	1	0
RB3b. Did the individual report 1 or more days in the past 90 for any item in RB2a-c?	1	0
RB3c. Do you want to administer the risk behaviors reasons items? (Default = 1 if any RB3a-b = 1, else 0)	1	0

[IF RB3c = 0, GO TO MH1a]

Risk Behavior Reasons

Next are some reasons that people give for wanting to **stop or reduce** their behaviors related to getting or spreading HIV and other infectious diseases. Please tell me which of these you think are good reasons to stop or reduce risk behaviors using yes or no. If something does not apply, please answer no.

RB4. You want to stop or reduce risk behaviors because...	Yes	No
a. you don't want to get HIV or some other serious illness.	1	0
b. you don't want to put yourself in a situation where you could be hurt.	1	0
c. you don't want your behaviors to negatively impact your family, friends, or kids.	1	0
d. you don't want to be responsible for spreading disease.	1	0
e. you don't want to die before your time.	1	0
f. engaging in risk behaviors makes you look bad.	1	0

RB5. What is your main or most important reason for wanting to stop or reduce risk behaviors? (Do not ask "Any others")

v. _____

Using Card F and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

RB6. How ready are you **right now** to stop or reduce risk behaviors?

0%-----20%-----40%-----60%-----80%-----100%

not ready
to stop or
reduce
behaviors

ready to
stop or
reduce
behaviors

Note: Participant can report any whole percentage from 0% to 100%.

GAIN-Q

MH. Mental Health

The next questions are about common psychological, behavioral and emotional problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

Using Card Q...

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

IDScr6 MH1. When was the **last** time you had **significant** problems with...

- | | | | | | | |
|----|--|---|---|---|---|---|
| a. | feeling very trapped, lonely, sad, blue, depressed or hopeless about the future?..... | 4 | 3 | 2 | 1 | 0 |
| b. | sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day? | 4 | 3 | 2 | 1 | 0 |
| c. | feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen? | 4 | 3 | 2 | 1 | 0 |
| d. | becoming very distressed and upset when something reminded you of the past? | 4 | 3 | 2 | 1 | 0 |
| e. | thinking about ending your life or committing suicide?..... | 4 | 3 | 2 | 1 | 0 |
| f. | seeing or hearing things that no one else could see or hear, or feeling that someone else could read or control your thoughts? | 4 | 3 | 2 | 1 | 0 |

EDScr6 MH2. When was the **last** time you did the following things **two or more** times?

- | | | | | | | |
|----|--|---|---|---|---|---|
| a. | Lied or conned to get things you wanted or to avoid having to do something. | 4 | 3 | 2 | 1 | 0 |
| b. | Had a hard time paying attention at school, work or home. | 4 | 3 | 2 | 1 | 0 |
| c. | Had a hard time listening to instructions at school, work or home. | 4 | 3 | 2 | 1 | 0 |
| d. | Had a hard time waiting for your turn. | 4 | 3 | 2 | 1 | 0 |
| e. | Were a bully or threatened other people. | 4 | 3 | 2 | 1 | 0 |
| f. | Started fights with other people. | 4 | 3 | 2 | 1 | 0 |
| g. | Tried to win back your gambling losses by going back another day. | 4 | 3 | 2 | 1 | 0 |

MH2h. When was the **last** time, if ever, you were treated for a mental, emotional, behavioral or psychological problem?..... 4 3 2 1 0

[IF MH2h LESS THAN 3, GO TO MH2h4]

Please answer the next questions using the number of times, nights or days.

QCS MH2h. During the past 90 days, how many...

Anchor

1. times have you had to go to an **emergency room** for mental, emotional, behavioral or psychological problems?
Times
2. **nights** total did you spend in the **hospital** for mental, emotional, behavioral or psychological problems?
Nights
3. times did you see a mental health doctor in an **office or outpatient clinic** for mental, emotional, behavioral or psychological problems?
Times
4. **days** did you take prescribed **medication** for mental, emotional, behavioral or psychological problems?
Days

PPS MH3. During the past 90 days, on how many days...

Anchor

- a. were you bothered by any nerve, mental or psychological problems?
Days
- b. did these problems keep you from meeting your responsibilities at work, school or home, or make you feel like you could not go on?...
Days
- c. have you been disturbed by memories of things from the past that you did, saw or had happen to you?
Days
- d. have you had any problems paying attention, controlling your behavior, or broken rules you were supposed to follow?
Days

[IF 0, GO TO MH3c]

<i>For Staff Use Only</i>		
Mental Health Reasons Items Eligibility	Yes	No
MH4a. Do any of the responses to items MH1a-f or MH2a-g = 4 or 3 (grey area above)?	1	0
MH4b. Did the individual report 1 or more days in the past 90 for any item in MH3a-d?	1	0
MH4c. Do you want to administer the mental health reasons items? (Default = 1 if any MH4a-b = 1, else 0)	1	0

If the client reports problems in the past 3 months for items MH1a-f or MH2a-g and/or reports 1 or more days of mental health problems for one of items MH3a-d, consider asking the "mental Health Reasons" items on the next page. If the client does not meet these criteria but you would still like to ask the "mental Health Reasons" items please feel free to do so.

[IF MH4c = 0, GO TO SU1a]

Mental Health Reasons

Next are some reasons that people give for wanting to **stop or reduce** problems related to their mental health. Please tell me which of these you think are good reason to stop or reduce these problems using yes or no. If something does not apply, please answer no.

MH5. You want to stop or reduce mental health problems because...	Yes	No
a. you will feel better.....	1	0
b. you will get more things done.	1	0
c. you will be able to move forward in your life.	1	0
d. you will be able to concentrate better.	1	0
e. your energy will improve.	1	0
f. you will be able to think more clearly.	1	0
g. you don't want your problems to negatively impact your family, friends, or kids.	1	0
h. your family, friends or kids want you to get help with your problems.	1	0
j. you want to avoid having problems with other people.....	1	0
k. you don't want to get in trouble.	1	0

MH6. What is your main or most important reason for wanting to stop or reduce problems related to mental health? (Do not ask "Any others")

v. _____

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

MH7. How ready are you **right now** to stop or reduce mental health problems? . [] [] [] []

0%-----20%-----40%-----60%-----80%-----100%

not ready
to stop or
reduce
problems

ready to
stop or
reduce
problems

Note: Participant can report any whole percentage from 0% to 100%.

SU. Substance Use

The next questions are about your use of alcohol and other drugs. Alcohol includes beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks. "Other drugs" include a) marijuana, b) other street drugs like crack, heroin, PCP, or poppers, c) inhalants like glue or gasoline and d) any **non-medical** use of prescription-type drugs. Please do not include any prescription drugs you use or used under the direction of a doctor.

Using Card Q...

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

SDScr SU1. When was the last time...

- you used alcohol or other drugs weekly or more often?..... 4 3 2 1 0
- you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs (high, sick)?..... 4 3 2 1 0
- you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?..... 4 3 2 1 0
- your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events? 4 3 2 1 0
- you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?..... 4 3 2 1 0
- you were in treatment for alcohol or other drug use problems, not including any emergency room visits, detoxification, self-help or recovery programs? 4 3 2 1 0

[IF SU1f LESS THAN 3, GO TO SU1f5]

Please answer the next questions using the number of times, nights or days.

QCS SU1f. During the past 90 days, how many...

Anchor

- nights were you in a halfway house, **residential**, inpatient, or hospital program for your alcohol or other drug use problems?
Nights
- days were you in an **intensive outpatient** or day program for your alcohol or other drug use problems?.....
Days
- times did you go to a regular (1-8 hours per week) **outpatient** program for your alcohol or other drug use problems?
Times
- days did you take medication like **methadone** or **Antabuse** to help with withdrawal or cravings?
Days

QCS SU2. → During the past 90 days, how many...

Anchor

- a. days have you been in a **detoxification** program to help you through withdrawal?
Days
- b. days have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use?
Days
- c. times have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today)
Times
- d. times did you go to an **emergency room** for your alcohol or other drug use problems?
Times

Please answer the next questions using the number of days.

PPS SU3. → During the past 90 days,...

Anchor

- a. on how many **days** did you go **without using any** alcohol, marijuana or other drugs? [IF 90, GO TO SU5]
Days
- b. on how many **days** did you get drunk **at all** or were you high for most of the day?
Days
- c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?
Days

PPS SU4. → During the past 90 days, on how many **days** have you...Anchor

- a. used any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)? [IF 0, GO TO SU4c]
Days
- b. gotten drunk or had 5 or more drinks?
Days
- c. used marijuana, hashish, blunts or THC (herb, reefer, weed)?
Days
- d. used cocaine, opioids, methamphetamine or **any other drug**, including a prescription medication that was **not** prescribed to you, or one that you took more of than you were supposed to? [IF 0, GO TO SU5]
Days

SU4. → During the past 90 days, on how many days have you...

- Anchor* →
- e. used crack, smoked rock or freebase?
Days
- f. used other forms of cocaine?
Days
- g. used inhalants or huffed (such as correction fluid, gasoline, glue, lighters, spray paints or paint thinner)?
Days
- h. used heroin or heroin mixed with other drugs?
Days
- repeat Stem* → j. used nonprescription or street methadone?
Days
- k. used painkillers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine)?
Days
- m. used PCP or angel dust (phencyclidine)?
Days
- n. used acid, LSD, ketamine, special K, mushrooms, or other hallucinogens (such as mescaline, peyote, psilocybin, or shrooms)?
Days
- p. used anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meproamate, Librium, Miltown, Serax, Valium or Xanax)?
Days
- Repeat Stem* → qa. used methamphetamine, crystal, ice, glass, or other forms of methedrine (such as Desoxyn)?
Days
- qb. used speed, uppers, amphetamines, ecstasy, MDMA or other stimulants (such as Biphedamine, Benzedrine, Dexedrine or Ritalin)?
Days
- r. used downers, sleeping pills, barbiturates or other sedatives (such as Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, Quaalude, Secobarbital, Seconal, Rohypnol or Tuinal)?
Days
- s. used any other drug that has not been mentioned (such as amyl nitrate, cough syrup, nitrous oxide, NyQuil, poppers or Robitussin)? (Please describe)
Days

Days

*ask "anyothers?"

SU5. **Anchor** → During the past 90 days, on how many days have you been in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs? (Use 0 for none)

Days

[IF 0-12, GO TO SU6a]

To help you remember the time period for the next set of questions, let's get out the calendar like we did earlier and mark out the last 90 days when you spent fewer than 13 days in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs. Do you recall anything that was going on about (DATE 90 DAYS BEFORE INDIVIDUAL ENTERED CONTROLLED ENVIRONMENT)?

(PROBE FOR SPECIFIC EVENT AS BEFORE)

← Insert actual 90-day date

Record anchor: v.

Important → When we talk about things happening to you during "the past 90 days," we are talking about things that have happened since about (PRE-CONTROLLED ENVIRONMENT ANCHOR) ←

Read established anchor

Please answer the next questions using the number of days. (Use 0 for none)

SU5. **Anchor** → In those 90 days in the community...

a. on how many days did you go without using any alcohol, marijuana or other drugs?

Days

[IF 90, GO TO SU6a]

b. on how many days did you get drunk at all or were you high for most of the day?

Days

c. on how many days did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?

Days

* Inform participant that you are now going back to the original 90-day anchor.

For Staff Use Only		
Substance Use Reasons Items	Eligibility	
	Yes	No
SU6a. Do any of the responses to items SU1a-e = 4 or 3 (grey area above)?	1	0
SU6b. Did the individual report 1 or more days in the past 90 for any item in SU3b-c?	1	0
SU6c. Did the individual report 1 or more days in the past 90 for any item in SU4b-s?	1	0
SU6d. Did the individual report 13 or more days for item SU5?	1	0
SU6e. Do you want to administer the substance use reasons items? (Default = 1 if any SU6a-d = 1, else 0)	1	0

If the client reports problems in the past 3 months for items SU1a-e and/or reports 1 or more days of substance use for one of items SU3b-c or SU4b-s and/or reports spending 13 or more days in a controlled environment for item SU5, consider asking the "Substance Use Reasons" items on the next page. If the client does not meet these criteria but you would still like to ask the "Substance Use Reasons" items please feel free to do so.

[IF SU6e = 0, GO TO CV1a]

Substance Use Reasons

Next are some reasons that people give for wanting to **stop or reduce** their use of alcohol or other drugs. Please tell me which of these you think are good reasons to stop or reduce your use of alcohol or other drugs using yes or no. If something does not apply, please answer no.

SU7.	You want to stop or reduce using alcohol or other drugs because...	Yes	No
a.	you don't like the way it makes you feel.	1	0
b.	you want to get your life on a better path.	1	0
c.	alcohol or other drugs are hurting your body.	1	0
d.	you are under legal pressure to quit (e.g., probation, drug testing, parole).....	1	0
e.	your family, friends or kids want you to quit.	1	0
f.	you want to keep your children.	1	0
g.	you don't want to get into trouble at work.	1	0
h.	you don't want to get into trouble with the law.	1	0
j.	it costs too much money.	1	0

SU8. What is your main or most important reason for wanting to stop or reduce your alcohol or other drug use? (Do not ask "Any others")

v. _____

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

SU9. How ready are you **right now** to stop or reduce your use of alcohol or other drugs?

0%-----20%-----40%-----60%-----80%-----100%

not ready

to stop or

reduce use

ready to

stop or

reduce use

Note: Participant can report any whole percentage from 0% to 100%

CV. Crime and Violence

The next questions are about crime and violent behavior.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

CVScr CV1. When was the **last** time you...

- | | | | | | | |
|----|--|---|---|---|---|---|
| a. | had a disagreement in which you pushed, grabbed or shoved someone?..... | 4 | 3 | 2 | 1 | 0 |
| b. | took something from a store without paying for it? | 4 | 3 | 2 | 1 | 0 |
| c. | sold, distributed or helped to make illegal drugs? | 4 | 3 | 2 | 1 | 0 |
| d. | drove a vehicle while under the influence of alcohol or illegal drugs? | 4 | 3 | 2 | 1 | 0 |
| e. | purposely damaged or destroyed property that did not belong to you?..... | 4 | 3 | 2 | 1 | 0 |
| f. | were involved in the criminal justice system, such as jail or prison, detention, probation, parole, house arrest or electronic monitoring? | 4 | 3 | 2 | 1 | 0 |

[IF CV1f LESS THAN 3, GO TO CV3]

Please answer the next questions using the number of days.

QCS CV2. **During the past 90 days, how many days have you been...**

- Anchor* →
- | | | | | |
|-----|---------------------------------|----------------------|----------------------|------|
| a. | on probation? | <input type="text"/> | <input type="text"/> | Days |
| b. | on parole? | <input type="text"/> | <input type="text"/> | Days |
| c1. | in juvenile detention? | <input type="text"/> | <input type="text"/> | Days |
| c2. | in jail or prison? | <input type="text"/> | <input type="text"/> | Days |
| d. | on house arrest? | <input type="text"/> | <input type="text"/> | Days |
| e. | on electronic monitoring? | <input type="text"/> | <input type="text"/> | Days |

PPS CV3. **During the past 90 days, on how many days did you have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way?**

Anchor → Days

PPS CV4. Anchor → During the past 90 days, on how many days were you involved in any activities you thought might get you into trouble or be against the law, besides drug use?

Days

[IF 0, GO TO CV4b]

PPS CV4a. On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...

1. in order to support yourself financially?.....

Days

2. in order to obtain alcohol or other drugs?.....

Days

3. while you were high or drunk?.....

Days

Please answer the next question using the number of times.

QCS CV4b. Anchor → During the past 90 days, how many times have you been arrested and charged with breaking a law? (Please do not count minor traffic violations.)

Days

For Staff Use Only

Crime and Violence Reasons Items Eligibility		Yes	No
CV5a.	Do any of the responses to items CV1a-e = 4 or 3 (grey area above)?.....	1	0
CV5b.	Did the individual report 1 or more days in the past 90 for item CV4?.....	1	0
CV5c.	Do you want to administer the crime and violence reasons items? (Default = 1 if any CV5a-b = 1, else 0)	1	0

If the client reports problems in the past 3 months for items CV1a-e and/or reports 1 or more days of illegal activity for item CV4, consider asking the "Crime and Violence Reasons" items on the next page. If the client does not meet the criteria but you would still like to ask the "Crime and Violence Reasons" items please feel free to do so.

[IF CV5c = 0, GO TO LS1a]

Crime and Violence Reasons

Next are some reasons that people give for wanting to **stop or reduce** their engagement in crime or violent behavior. Please tell me which of these you think are good reasons to stop or reduce these behaviors using yes or no. If something does not apply, please answer no.

CV6. You want to stop or reduce engaging in crime or violent behavior because...

	Yes	No
a. you don't want to get into trouble with the law (e.g., go to jail or detention, be on probation).....	1	0
b. your family or friends want you to stop.	1	0
c. you want to get your life on a better path.	1	0
d. crime and violent behavior are wrong.	1	0

CV7. What is your main or most important reason to stop or reduce engaging in crime or violent behavior? (Do not ask "Any others")

v. _____

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

CV8. How ready are you **right now** to stop or reduce engaging in crime or violent behavior?

□ □ □ □

0%-----20%-----40%-----60%-----80%-----100%

not ready
to stop or
reduce
engaging

ready to
stop or
reduce
engaging

*Note: Participant can report any whole percentage from 0% to 100%.

LS. Life Satisfaction

The next questions are about how satisfied you feel with different parts of your life. After you hear each question, please tell me **how satisfied** you currently feel by using **Card I** and responding "very satisfied," "satisfied," "mixed," "dissatisfied," or "very dissatisfied."

Very Satisfied	Satisfied	Mixed	Dissatisfied	Very Dissatisfied
5	4	3	2	1

LSScr LS1. **During the past 30 days, how satisfied have you been with...**

a. your sexual or marital relationships?	5	4	3	2	1
b. where you are living?	5	4	3	2	1
c. your family relationships?	5	4	3	2	1
d. your school and work situations?	5	4	3	2	1
e. how your life is going so far?	5	4	3	2	1
f. your general level of happiness?	5	4	3	2	1

Z. End

Read → Thank you! That is all of the questions we have for you at this time.

Do not read { (Please enter the current time in Z1. If you went straight through, we will figure out how many minutes you took. If you took any breaks, please make sure that you record about how many minutes total it took you to do the assessment without including the time for the breaks. If continuing interview on another day, record the time for the first day in Z1d and record the total time in XADMh1a-d.)

Do not administer to participant {

Z1. What time is it now? : : :

b. Is it AM or PM?

c. How many breaks did you take today?

d. Not counting breaks, how long did it take you to finish this?

Time (HH:MM)
AM/PM
Breaks
Minutes

Code on own

Ask participant {

Z2. Are there any other special issues we need to know about to help you (or help you come to treatment)? Do you have any additional comments or questions?

v1. _____

Code All of pp. 29-30 on own

GAIN-Q DO NOT Administer to participant

For Staff Use Only		
XADM.Administration		
Please document the following aspects of how the interview was administered. If there are more detailed comments elsewhere in the document, please be sure to summarize them in the additional comments section in XADMj or at least say where we can find them.		
a1.	How were the questions administered?	Yes No
a.	Self-Administered	1 0
b.	Orally Administered by staff	1 0
c.	Orally Administered by others	1 0
z.	Other (Please describe)	1 0
v.		
a2.	What was the mode of administration?	Yes No
a.	Done with Pen and Paper	1 0
b.	Done on Computer	1 0
c.	Done on Telephone	1 0
z.	Other (Please describe)	1 0
v.		
b.	What was the primary language in which it was conducted)?	
	English using the English GAIN	1
	Spanish using the English GAIN	2
	Spanish using the Spanish VGNI	3
	Other combinations/languages (Please describe)	99
v.		
c.	Were there any indications that the client might have learning disabilities that would interfere with his or her ability to respond or participate in treatment or, in general, indications of developmental disabilities?	
	No/none	0
	Minimal	1
	Moderate	2
	Major	3
e.	Was there any evidence of the following observed participant behaviors?	Yes No
1.	Depressed or withdrawn	1 0
2.	Violent or hostile	1 0
3.	Anxious or nervous	1 0
4.	Bored or impatient	1 0
5.	Intoxicated or high	1 0
6.	In withdrawal	1 0
7.	Distracted	1 0
8.	Cooperative	1 0

Code
yes/no
for all

Code
yes/no
for all

Code
yes
or
no
for
all

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- g. What was the participant's location during the assessment?
- | | |
|---|----|
| Treatment unit..... | 1 |
| Specialized intake unit..... | 2 |
| Correctional setting..... | 3 |
| School..... | 4 |
| Employment or work setting..... | 5 |
| Home..... | 6 |
| Probation or Parole Office..... | 7 |
| Welfare or Child Protection Agency..... | 8 |
| Research Office or Setting..... | 11 |
| Other (Please describe)..... | 99 |

v. _____

- gl-5. Were there any problems providing a quiet, **private** environment? Yes No
- | | | |
|---|---|---|
| 1. Noise or other frequent distractions..... | 1 | 0 |
| 2. Divided attention or frequent interruptions..... | 1 | 0 |
| 3. Other people present or within earshot..... | 1 | 0 |
| 4. Police, guards, social workers or other officials present..... | 1 | 0 |
| 5. Speaker or telephone call monitoring..... | 1 | 0 |

Code
yes/no
for
all

- h1. Was administration done over multiple days?..... 1 0

[IF NO, GO TO XADMj]

- a. What is the **final** revision date (mm/dd/yyyy)?..... / / 20
Month Day Year
- b. What is the **total** number of breaks across **all** sessions and days?
(Include "1" for break in between multiple sessions.).....
- c. What is the **total** number of minutes spent doing the interview
across **all** sessions and days?.....
- d. What is the Staff ID [XSID] of the person **finishing** the interview?.....

Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment? **Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented).**

v1. _____

only
complete
if interview
occurs
over multiple
days.